L I C E N S E UPDATE SAMPLE

RENDERING PROVIDER FORM

Mail to: Department of Mental Health
Chief Information Office Bureau
Systems Access Unit
695 South Vermont Avenue
Los Angeles, CA 90005

Request Type

Submit Date 0 3 0 2 0 7 ☐ New ☒ Update ** License Reporting Unit Effective Date ** ☐ Terminate ☐ Name Change

General Information

Last Name: WORTHINGTON

First Name: CALDONA

Middle Initial: M Sex: M ☒ Ethnicity

DMH/NGA Staff Code N S M H 0 0 1

FFS Ind Prov No.

SSN (Last 4 only) 2 1 6 7

Language Code

Select DMH Classcode:
☐ DMH Prov name:
☐ DHS Prov name:
☒ Non-Governmental Agency (DMH Contracted)
L.E. #: 00171
L.E. Name: Our Business
☐ FFS Individual ☐ FFS Group ☐ FFS Org
Tax Payer ID (FFS only)

Contact & Assigned Location Information

Contact name: MARY NEWHOUSE
Contact Email: mnewhouse@sample.net
Contact phone no: (211) 256-0123
Contact Fax No: (211) 256-0143

☐ **Add this rendering provider in the service location indicated below: (please use form MH-228A for additional locations)**
☐ **Delete this rendering provider in the service location indicated below.** ☐ **Delete this rendering provider in ALL service locations within the legal entity indicated above.**

DMH/NGA Prov No./Rept Unit 7 1 9 2 R FFS Group/Org Prov No.
(Please enter the provider no. associated to the above taxpayer ID)

Effective Date 0 1 2 0 0 6 Termination Date Locum Tenum Intern

Name of Organization: Service Area MHSA

Address: City: Zip:

Taxonomy and License Information (Required if request type is NEW)

Description: COUNSELOR, BEHAVIORAL HEALTH Taxonomy 1 0 1 7 1 0 8 0 0 X

Professional License # A S W 5 6 2 1 0 Effective Date Expiration Date 0 1 3 1 1 0

Description: Taxonomy

Professional License # Effective Date Expiration Date

DEA License # Expiration Date

Medicare Prov No. (DMH directly-operated only) PPIN Medicare No. (DMH directly-operated only) Expiration Date

NPI NPI Effective Date

Authorized Manager/Designee Signature: REQUIRED Print Name: NANCY NEVERWRONG Date: 03/02/07

CIOB USE ONLY

Rendering Provider IS No: Ticket #

Date Processed Processed by:

S A M P L E